

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396024	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 03/23/2023
NAME OF PROVIDER OR SUPPLIER: WESTON REHABILITATION & NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 1896 LEITHSVILLE ROAD HELLERTOWN, PA 18055			
STATE LICENSE NUMBER: 390202					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
F 0000	<p>INITIAL COMMENT</p> <p>Based on a Revisit survey completed on March 23, 2023, regarding Weston Rehabilitation and Nursing Center, it was determined that the facility corrected the deficiencies cited during the survey of March 1, 2023, under the requirements of 42 CFR Part 483 Subpart B Requirements for Long Term Care Facilities and the 28 Pa. Code Commonwealth of Pennsylvania Long Term Care Licensure Regulations.</p>	F 0000			

TITLE:

(X6) DATE:

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.



Certified End Page

WESTON REHABILITATION & NURSING CENTER

STATE LICENSE NUMBER: 390202

SURVEY EXIT DATE: 03/23/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY